

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AUTOMATIC DETECTION OF SKIN LESIONS
Attorney Docket Number::	2507-1074
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: CARMELO
Middle Name:: FRANCESCO
Family Name:: MELCHI
Name Suffix::
City of Residence:: ROMA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA DEI MONTI DI CRETA,104
Address::
City of Mailing Address:: ROMA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: 00167

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: OSCAR
Middle Name::
Family Name:: BELLERINO
Name Suffix::
City of Residence:: POMEZIA (ROME)
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA CARLO POMA 5
Address::
City of Mailing Address:: POMEZIA (ROME)

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: 00040

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2004/000217	4/15/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RM2003A000184	4/22/03	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::